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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)**

As the below named inventor(s), I/we declare that:		
	is directed to: ☐ The attached application, or ☐ Application No, f	
I/we believe that I/we an/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;		
I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above.		
I/we have acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and		
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.		
FULL NAME OF	INVENTORS	
Inventor one:	Maurice F. Rabb III	
Signature:		Citizen of: United States
Inventor two:		
Signature		Citizen of:
Inventor three:		
Signature		Citizen of:
Inventor four:		
Signature:		Citizen of:

Additional inventors are being named on additional form(s) attached hereto.

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.33. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This film will value of depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be to the Chef Information Officer, U.S. Patient and Trademark Office, Washington, DC 20231. DON NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patients, Washington, DC 20231.